



Dear Applicant:

On the other side of this document is an application for "Special Vehicle Identification **Parking Permit**" issued to Lackawanna residents with severe mobility impairments. As you complete this application, please comply with the following instructions.

1. **LEGIBILITY AND COMPLETENESS:**

The attached form has three parts:

- PART I. To be completed and signed by the applicant;
- PART II. To be completed and signed by the certifying physician; and
- PART III. "For Official Use Only"

It is your responsibility to insure that Parts I and II are fully completed and legible. **Incomplete or illegible applications will be returned without approval.**

2. **VERIFICATION OF INFORMATION:**

All information provided on the application is subject to verification by the Department of Public Safety. False statements shall result in prosecution to the full extent of the law.

3. **FILING OF APPLICATION:**

Completed applications are to be sent to:

**Lackawanna Police Department  
Parking Bureau – Attn: Art  
714 Ridge Road  
Lackawanna, NY 14218  
Phone (716) 827-6417**

**\*\*Important Note\*\*** - The New York State Department of Motor Vehicles requests that when applying for a permit via mail, you are to submit at **photocopy** of your Driver's License, or a Non-Driver ID Card. If you do not have either of these, you are to submit a written statement to that effect.

Be assured that we will process your application as promptly as possible. Thank you.

*[Faint, illegible text, possibly a signature or stamp]*

**CITY OF LACKAWANNA**  
**Application for**  
**SPECIAL VEHICLE IDENTIFICATION PERMIT**

**Permit No.** \_\_\_\_\_

**Exp. Date.** \_\_\_\_\_

**PART I (To be completed by Applicant)**

Check **One**: \_\_\_\_\_ **New** \_\_\_\_\_ **or** \_\_\_\_\_ **Renewal Application**

Name of Disabled Person \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Data of Birth \_\_\_\_\_

Date \_\_\_\_\_ Signature of applicant/guardian \_\_\_\_\_

**\*\* ID attached - please check one\*\***

Driver's License \_\_\_\_\_ Non Driver ID Card \_\_\_\_\_ Letter Submitted \_\_\_\_\_

**PART II (To be completed by Certifying Physician) Please Print.**

Name of Physician \_\_\_\_\_ NYS License # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Nature of Applicant's Disability \_\_\_\_\_

Explanation of Diagnosis (In non-medical terms) \_\_\_\_\_

Is the disability permanent? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**. If no, how long will the disability last.

Assistive Devices: Does Applicant use a wheelchair, walker, crutches, prosthesis or other assistive devices?

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Specify** \_\_\_\_\_

I certify that the Applicant is "severely disabled" as defined by Section 404 -a (3) of the NYS Vehicle and Traffic Law, subsection (check one):

- \_\_\_\_\_ (a) limited or no use of one or both lower limbs (e.g. paralysis, lower limb amputation, arthritis, rheumatism);  
\_\_\_\_\_ (b) limited neuro-muscular function which severely limits mobility (e.g. multiple sclerosis, muscular dystrophy, brain injury);  
\_\_\_\_\_ (c) physical impairment or mental impairment of such a nature impose hardships as (a) or (b) (e.g. Class III or IV cardiovascular impairment, severe lung dysfunction);  
\_\_\_\_\_ (d) legally blind.

**AFFIRMATION:** I hereby affirm under penalty of perjury that the above information is true, that the Applicant is **SEVERELY DISABLED** and in serious need of **SPECIAL PARKING PRIVILEGES**.

Signature of Physician \_\_\_\_\_

Date \_\_\_\_\_

**PART III (To be completed by Approving Agency)**

**Applicant is:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_ **Permit No.** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Date** \_\_\_\_\_ **Approved by** \_\_\_\_\_

**Mail to: Lackawanna Police Department**  
**Parking Bureau, Attn: Art'**  
**714 Ridge Road**  
**Lackawanna, NY 14218**